

2019 / 2020

No Staples Please
Paper Clips Only**Qualifying Agent License Application**

Alabama Electronic Security Board of Licensure

7956 Vaughn Road, PMB 392 Montgomery, Alabama 36116

Applies for both
Alarm and
Locksmith
CompaniesIndividual's Name _____
First Middle LastWere you licensed by AESBL in year 2017/18? _____ If yes, provide license # _____
(answer yes or no)Date of Birth _____ Social Security Number _____
(Required by Code of Alabama 1975 Section 30-3-194 (a))

Employed By (Name of Company) _____

Company (Office or Branch) Address _____

City/State/Zip Code _____

Employee's Home Address _____

City/State/Zip Code _____

Phone No _____ Date of Employment _____

Fees for Qualifying Agents - \$50.00 or \$100 or \$150 for 2 years (*see page 4*)This application must be accompanied by a cashier's check, money order, or credit/debit card
in the proper amount made payable to AESBL.**Education** (Check all that apply and enclose documentation): ESA – NTS: Level 1 ____ Level 2 or
ABAT/AISC ____ Locksmith Certification ____ Access Control ____ CCTV ____ CEU's ____ Other ____
(Provide a copy of your current NTS certificates or documentation of other appropriate training to
AESBL.)**Pictures:** Enclose a passport size photo with your name on the back of the picture for ID badge.****IF YOU FALSIFY THE FOLLOWING RESPONSE, YOUR APPLICATION
FOR LICENSE WILL BE AUTOMATICALLY DENIED!******Criminal Background Check:** (INITIAL ONE (1) RESPONSE ONLY, See Instructions.)

*** READ CAREFULLY ***

I certify that **I have not been arrested or convicted** of a crime other than a minor traffic violation _____.
(Initial)I certify that **I have been arrested or convicted** of a crime other than a minor traffic violation _____.
(Initial)Initial only
ONE
responseHave you ever had any business license revoked? ____ yes or no ____
(If yes provide written explanation and attach to Application.)I certify that I am a full time (at least 32 hours per week) employee at the above company location
and the information provided on this application and enclosed materials is true and correct to the
best of my knowledge and AESBL is authorized to verify any or all information provided.Applicant Signature: _____ Date: _____
(Must have two witnesses **OR** notary)

Witness _____

Address _____

City/ State/Zip _____

Sworn to and subscribed before me on this

_____ day of _____, 20__ .

Witness _____

Address _____

City/State/Zip _____

NOTARY PUBLIC

My Commission expires _____